

Comparison of Health Plan Benefits Offered for 2009¹

Plan	SHP Savings Plan		SHP Standard Plan ²		BlueChoice HealthPlan of South Carolina ²	CIGNA HMO ²	Medicare Supplemental Plan ²
Availability	Coverage worldwide		Coverage worldwide		Available in all South Carolina counties Emergency and urgent coverage worldwide	Not available in Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick or Saluda counties; emergency and urgent coverage worldwide	Same as Medicare Available to retirees and covered dependents/survivors who are eligible for Medicare
Active Employee Monthly Premiums <i>Employee Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	\$ 9.28 \$ 72.56 \$ 20.28 \$108.56		\$ 93.46 \$237.50 \$142.46 \$294.58		\$148.50 \$423.84 \$320.28 \$629.70	\$192.30 \$477.80 \$414.90 \$752.52	Refer to your <i>Insurance Benefits Guide</i> for applicable rates
	Please note that premiums for optional employer groups, such as local subdivisions, may vary. To verify your rates, contact your benefits office.						
Annual Deductible <i>Single</i> <i>Family</i>	(no per-occurrence deductibles) \$3,000 \$6,000		\$350 \$700		\$250 \$500	NONE	Pays Medicare Part A and Part B deductibles
Coinsurance	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	HMO pays 90% after copays You pay 10%	HMO pays 80% after copays You pay 20%	Pays Part B coinsurance of 20%
Coinsurance Maximum <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$1,500 \$3,000 (excludes deductible)	\$2,000 \$4,000 (includes inpatient, outpatient, copays and coinsurance)	None
Physicians Office Visits	Chiropractic payments limited to \$500 a year, per person		\$10 per-occurrence deductible, then:		\$15 PCP copay \$15 OB/GYN well-woman exam \$30 specialist copay	\$15 PCP copay \$15 OB/GYN exam \$30 specialist copay	Pays Part B coinsurance of 20%
	No per-occurrence deductible or copays						
	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%	In-network Plan pays 80% You pay 20%	Out-of-network Plan pays 60% You pay 40%			
Hospitalization/ Emergency Care	No per-occurrence deductibles or copays		Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per-occurrence deductible		Inpatient: \$200 copay Outpatient: \$100 copay/ first 3 visits Emergency care: \$125 copay, HMO pays 90% after copays You pay 10% Urgent care: \$35 copay, then HMO pays 100%	Inpatient: \$500 copay per admission, then HMO pays 80% Outpatient facility: \$250 copay per admission, then HMO pays 80% Emergency room: \$100 copay, then HMO pays 100%	For inpatient hospital stays , the Plan pays: Medicare deductible; coinsurance for days 61-150; 100% beyond 150 days (Medi-Call approval required)
							For skilled nursing facility care , the Plan pays coinsurance for days 21-100; 100% beyond 100 days, up to \$6,000 per year.
Prescription Drugs	Participating pharmacies and mail order only: You pay the State Health Plan’s allowed amount until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowed amount; you pay 20%. When coinsurance maximum is reached, the Plan will reimburse 100% of the allowed amount.		Participating pharmacies only (up to 31-day supply): \$10 Tier 1 (generic-lowest cost alternative), \$25 Tier 2 (brand-higher cost alternative), \$40 Tier 3 (brand-highest cost alternative) Mail order (up to 90-day supply): \$25 Tier 1, \$62 Tier 2, \$100 Tier 3 Copay maximum: \$2,500		Participating pharmacies only (31-day supply): \$7 generic, \$35 preferred brand, \$55 non-preferred brand, \$100 specialty pharmaceuticals Mail order (Up to 90-day supply): \$14 generic, \$70 preferred brand, \$110 non-preferred brand	Participating pharmacies only (up to 30-day supply): \$7 generic, \$25 preferred brand, \$50 non-preferred brand Mail order (up to 90-day supply): \$14 generic, \$50 preferred brand, \$100 non-preferred brand	Participating pharmacies only (up to 31-day supply): \$10 Tier 1 (generic-lowest cost alternative), \$25 Tier 2 (brand-higher cost alternative), \$40 Tier 3 (brand-highest cost alternative) Mail order (up to 90-day supply): \$25 Tier 1, \$62 Tier 2, \$100 Tier 3 Copay max: \$2,500

¹ Premiums for subscribers of experience-rated groups (such as cities, counties and other local subdivisions) may increase, decrease or remain the same, based on the group's rating. If you are a subscriber of an experience-rated group, your benefits office will announce next year's rates.

² Refer to your 2008 *Insurance Benefits Guide* for information on how this plan coordinates with Medicare.